

REAL ESTATE LICENSING PO BOX 9048 OLYMPIA, WA 98507-9048 (360) 664-6488 or (360) 664-6500 FAX (360) 586-0998 dol.wa.gov

License Application

Real Estate Partnership

Make remittance payable to State Treasurer.
Send application with your remittance to:
Department of Licensing
PO Box 9048
Olympia WA 98507-9048

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FOI	R VALID	ATION (ONLY		

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FEE: \$210.00

Plea	ase type or print clearly in dark ink	Olympia, '	WA 98507-9048						
	MPANY NAME				UNIFIED BUSIN	ESS IDENTIFIER (UBI NO.)			
DB	A NAME (IF APPLICABLE)				ELEPHONE NO.	FAX TELEPHONE NO.			
СО	MPANY ADDRESS (NUMBER, STREET, AND P.	O. BOX IF APPLICABLE)	CITY		STATE	ZIP			
DE	SIGNATED BROKER'S NAME: FIRST	MIDDLE	LAST	D. B. TELEPH	ONE NO.	SOCIAL SECURITY NO.*			
is Sc	tate law, RCW 26.23.150, requires that for a business that is a sole proprietors cial Security Number must furnish their	ship, the proprietor marking the propriet of t	ust furnish his/he fication Number.						
	st Partners Below (Note: Designa	ated Broker must b	. ,						
NAI	ME		MAILING ADDRE	SS					
NAI	МЕ	MAILING ADDRESS							
NAI	ME		MAILING ADDRESS						
Ple	ease answer the following	with "Yes" or '	"No".						
1.	With the exception of motor vehicle violations, have you or any partner ever been convicted of a crime, felony, or misdemeanor by this state, any other state, the federal government or any other jurisdiction within the past ten years? Note: If you have or any partner has been convicted of a crime, you will be subjected to an investigation, and you may be denied a license.								
2.	s there a criminal complaint or accusation, or other information presently pending against you or any partner, or are you or any partner under indictment in this state, any other state, by the federal government, or by any other jurisdiction?								
3.	Has any professional or occupation right of any partner to engage in a state or any other jurisdiction?								
4.	Have you or any partner ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction in which the subject matter involved any real estate or business related activity?								
5.	Are you currently required to register as a sex offender in this state or any other state? If yes, state county								
Att	ach a letter or explanation fo	or any "Yes" ans	swer(s) to qu	estions 1-5	above.				
6.	What is the zoning in the area in v	which the office is le	ocated?						
7.	Is a real estate office permissible	in this zone?							
8.	Does the partnership agree to establish and maintain a real estate office at the business address that is accessible to the public?								
9.	Does the designated broker agree	ker agree to personally manage and act for and on behalf of the partnership?							
	ure to comply with any provisions o		icensing Act or	any rule or re	gulation mad	e in them			
	clare under penalty of perjury that r	•	information pro	ovided by me I	nerein are tru	e and correct.			
Des	ignated Broker's signature X								

Licensing Procedures for a New Partnership

- 1. Current real estate license must be returned with a release by your present broker.
- 2. Complete an Application for Real Estate Partnership License (see page 1 of this document).
- 3. Furnish a copy of the Partnership Agreement. Such Partnership Agreement must specify which partner is to act as the Designated Broker.
- 4. Appoint all persons that are to act as a real estate salesperson or associate broker on the appropriate forms. Any licensee so appointed must have his/her current license released and returned to this office by his/her present broker.
- 5. The fee for a partnership license is \$210.00. The fee for the designated broker is \$210.00 for a first broker's license.

Partnership Name Change Procedures

- 1. Return all licenses showing former company name.
- 2. Complete application for Partnership License (see page 1 of this document).
- 3. Submit amendment to partnership agreement, showing the new name.

Important Information Regarding Real Estate Company Names

If you are **opening a new company or changing your company name,** we advise you to check the availability of the desired name with our office. In order to check a name with us, please submit your request in writing to the address indicated below, or send a FAX to (360) 586-0998.

Names cannot be checked by telephone.

Please include your telephone number and address on your request so we may contact you after the name has been checked. If the name is available, we will reserve it for you for 60 days.

NOTE: Approval or issuance of a name by other state agencies or divisions of this agency DOES NOT insure that it will be issued by this office.

Prevent Unnecessary Expense! Do Not Order Signs, Stationery, Business Cards, Etc. Until the License has been Issued.

DEPARTMENT OF LICENSING PO BOX 9021 OLYMPIA, WA 98507-9021 (360) 664-6488 or (360) 664-6500 FAX (360) 586-0998 dol.wa.gov

Upon filing, this application becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17